

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		5		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16		16				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	17		17				TOTAL CLAIMS						